

## RESPONSE UNDER 37 C.F.R. § 1.116 -- EXPEDITED PROCEDURE --**EXAMINING GROUP 2100**

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

	Corres. and ivia
In re Application of:	BOX AF
Douglas	) Examiner: Hassan, Aurangzeb
Application No.: 10/697,540	) Art Group: 2182
Filed: October 29, 2003	)
For: A Mechanism for Generating a Virtual Identifier	) 
AMENDMENT	SAFTER FINAL
Mail Stop: AF Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	
Sir:	
In response to the Final Office Actio	n mailed on April 12, 2006, which was made
final, applicants submit this Amendment Aft	ter Final Action for consideration.
FIRST CLASS CERT	IFICATE OF MAILING
I hereby certify that I am causing the above-referenced correspondence class mail with sufficient postage on the date indicated below and Patents, P.O. Box 1450, Alexandria, VA 22313-1450	adence to be deposited with the United States Postal Service as first d that this paper or fee has been addressed to the Commissioner for
	2, 2006
Date o	f Deposit
Leah S	chwenke
Name of Person Ma	ailing Correspondence
Slah Schwerk	6/12/06
Signature	Date

Docket No.: 42P17156 Application No.: 10/697,540 JUN 1 5 2006 W



EEE TOANICMETTAI				Complete if Known					
FEE TRANSMITTAL  for FY 2005  Patent fees are subject to annual revision.		Application Number 10/697,540							
		Filing Date	October 29, 2003						
		First Named Inventor	Chet R. Douglas						
		Examiner Name	Hassan, Aurangzeb						
Applicant cl	aims sm	all ent	tity status. See 37 CFR 1.27.						
TOTAL AMO	UNT OF	PAY	MENT (\$)	0.00	Art Unit Attorney Docket No.	2182			
TOTAL AMOUNT OF PAYMENT (\$) 0.00					Allomey Docker No.	42P17156			
METHOD OF PAYMENT (check all that apply)									
Check Credit card Money Order None Other (please identify):									
Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP									
For the abo	wa idan	tified	deposit account, the Directo	or ic h	ereby outhorized to: (cl	pack all that annly)			
			•	)1 12 11		indicated below, except for the filing fee			
	٠,		cated below	C C /					
			nal fee(s) or underpayment of	of fee(	s) 🛛 Credit any ove	erpayments			
under	37 CFF	t §§ 1	.16, 1.17, 1.18 and 1.20.						
FEE CALCULA	TION								
1. EXTRA	CL AIRE	EEE	***		<u> </u>				
I. EAIRA	CLAIN I	EES	Extra Fee from Claims below Fee Pa	aid					
Total Claims	29	29* =		.00					
Independent		29 = * =	<del>       </del>						
Claims L	4 "	4	0 x 200.00 = \$0	.00					
Multiple Dependent			<u> </u>						
Large Entity	Small Ent	ity							
Fee Fee Code (\$)		Fee <u>F</u> (\$)	ee Description						
1202 50			laims in excess of 20						
1201 200			dependent claims in excess of 3						
1203 360 1204 790			fultiple Dependent claim, if not paid Reissue independent claims over original pa	atent					
1204 790 1205 300			Reissue claims in excess of 20 and over on		ent "or number	previously paid, if greater, For Reissues, see below			
,		SUBTO	OTAL (1) (\$) 0.	00					
2. ADDITIO	ONAL FI	EEG							
Large Entity		ll Entity	•						
Fee Fee	Fee	Fee	_						
Code (\$)	Code	(\$)	Fee Description			Fee Paid			
1051 130	2051	65	Surcharge - late filing fee or oath						
1052 50	1	25	Surcharge - late provisional filing fee or cov	er sheet					
2053 130		130	Non-English specification						
1251 120 1252 450		60 225	Extension for reply within first month  Extension for reply within second month			·			
1253 1,020		510	Extension for reply within third month						
1254 1,590		795	Extension for reply within fourth month						
1255 2,160 1401 500		1,080 250	Extension for reply within fifth month Notice of Appeal						
1402 500		250	Filing a brief in support of an appeal			· · · · · · · · · · · · · · · · · · ·			
1403 1,000		500	Request for oral hearing						
1451 1,510		1,510 130	Petition to institute a public use proceeding Petitions to the Commissioner	)					
1460 130 1807 50	1	130 50	Processing fee under 37 CFR 1.17(q)						
1806 180	1806	180	Submission of Information Disclosure Stmt						
1809 790	1		Filing a submission after final rejection (37	_					
1810 790		395	For each additional invention to be examine	ed (37 CF	FR § 1.129(b))				
Other fee (speci	(y)		OUDTOTAL (C)		1				
			SUBTOTAL (2)			(\$)			

SUBMITTED BY						Complete (if applicable)	
Name (Print/Type)	Mark L. W	alson/		Registration No. (Attorney/Agent)	46,322	Telephone	(303) 740-1980
Signature	()	<i>/                                    </i>				Date	06/12/06